

Mail Stop Issue Fee Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDING E ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

PILLSBURY WINTHKOP LLP

C3

Note: The certificate of mailing below can or P.O. Box 10500 McLean, VA 22101

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

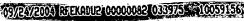
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope

addressed to the Box Issue Fee address above on the date indicated below. (Depositor's name) (Signature) (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTNY DKT. NO.	CONFIRMATION NO.			
10/059,156	01/31/2002	Satoshi Shibata	P 290678 T2HK- 01\$0749-1	6521			

TITLE OF THE INVENTION: APPARATUS AND METHOD FOR HEAD POSITIONING CONTROL IN DISK DRIVE

TOTAL CLAIMS APPLN.			E FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DUE DATE	
17 nonprovi	isional NO	\$1	330	\$300	\$1,630	09/28/2004	
EXAMINER	ART UNIT	CLASS-	SUBCLAS	S			
SLAVITT, MITCHELL R	2651	360	-077040				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address attached.			2. For priming on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered 2				
Fee Address" indication attached.			attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESU	DENCE DATA TO BE	PRINTED ON T	HE PATEN	T (print or type)			
PLEASE NOTE: Unless an ass assignment has been previously assignment. (A) NAME OF ASSIGNEE	ignee is identified belo- submitted to the USPT	w, no assignee d O or is being sub	mitted unde	er separate cover. Completion Completion CE: (CITY and STAT	tion of this form is NO1 2 30	appropriate when an abstitute for filing an	
Kabushiki Kaisha Toshiba			-	·			
Please check the appropriate assign	ee category or categoric	es (will not be pri individual	inted on the	patent) pration or other private gro	oup entity 🔲 gov	emment	
4a. The following fee(s) are enclos ☐ Issue Fee ☐ Publication Fee ☐ Advance Order - # of Copies	6 (3 18)	☐ A o ☐ Pay ☑ Ti overpay	yment by cr ne Commis yment, to D	amount of the fee(s) is en edit card. Form PTO-203 sioner is hereby authorize eposit Account Number Q	8 is attached. ed to charge the required for 3-3975 (enclose an extra copy	y of this form).	
The COMMISSIONER FOR PATE	NTY AND TRADEMA	RKS is requested	to apply the	Issue Fee and Publication	Fee (if any) to the application	n identified above.	
(Authorized Signature) (Dete) 9/21/04 Jeffrey D. Karceski. Reg. No. 35,914							
Note: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
Burden Hour Statement: This form on the needs of the individual cas should be sent to the Chief Inform D.C. 2023I. DO NOT SEND F AND THIS FORM TO: Mail Sto 22313-1450	n is estimated to take 0 e. Any comments on the comments of the comments of the comments of the complete of th	ne amount of tim States Patent and D FORMS TO	e required (Trademark (HIS ADD)	o complete this form Office, Washington, RESS. SEND FEES			







TRANSMIT THIS FORM WITH FEE(S)